

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 1 - 0 0 1

2. STATE:

IDAHO

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

February 1, 2001

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES**ORIGINAL**

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR Chapter IV Part 430 Subpart B

7. FEDERAL BUDGET IMPACT:

a. FFY 01 \$ -0-

b. FFY 02 \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1A.13.d 4b (P+I)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Attachment 3.1A.13.d 4b (P+I)

10. SUBJECT OF AMENDMENT:

Adds Intensive Behavioral Intervention services to be offered in
Developmental Disability Agencies and Idaho Public School Districts or
other educational agencies.

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:

KARL B. KURTZ

14. TITLE:

Director

15. DATE SUBMITTED:

February 5, 2001

16. RETURN TO:

JOSEPH R. BRUNSON

IDAHO DEPARTMENT OF HEALTH & WELFARE

DIVISION OF MEDICAID

PO BOX 83720

BOISE ID 83720-0036

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

FEB - 9 2001

18. DATE APPROVED:

MAY 10 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

FEB 1 2001

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

Teresa L. Trimble

22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR
DIVISION OF MEDICAID

23. REMARKS:

FORWARDED: 2-7-01 : Boise, ID
(DATE) (CITY/STATE)

P+I changes were authorized by the state on May 7, 2001.

ATTACHMENT 3.1A PROGRAM DESCRIPTION**Page 2**

- 4.b. be required to bill using the appropriate Physician's Current Procedural Terminology (CPT codes, under section "Preventive Medicine Services." EPSDT RN screeners will be required to bill using codes established by the Department, except when the EPSDT RN screener is an employee of a rural health clinic, Indian Health Clinic, or federally qualified health clinic. One (1) screen at or by age one (1) month, two (2) months, three (3) months, four (4) months, six (6) months, and nine (9) months. One (1) screen at or by age twelve (12) months, fifteen (15) months, eighteen (18) months, and twenty-four (24) months. One (1) screen at or by age three years, age four (4) years and age five (5) years. One (1) screen at or by age six (6) years, age eight (8) years, age ten (10) years, age twelve (12) years and age fourteen (14) years. One screen at or by age sixteen (16) years, age eighteen (18) years and age twenty (20) years. One screen at initial program entry, up to the recipient's twenty-first birthday. Interperiodic medical screens are screens that are done at intervals other than those identified in the basic medical periodicity schedule in section 537, and must be performed by physician or physician extender. Interperiodic screens will be required to be billed using the correct Physician's Current Procedural Terminology (CPT) under section "Evaluation and Management." Interperiodic screens will be performed when there are indications that it is medically necessary to determine whether a child has a physical or mental illness or condition that may require further assessment, diagnosis, or treatment. Interperiodic screening examinations may occur in children who have already been diagnosed with an illness or condition and there is indication that the illness or condition may have become more severe or changed sufficiently, so that the further examination is medically necessary. Developmental screening is considered part of every routine initial and periodic examination. If the screening identifies a developmental problem then a developmental assessment will be ordered by the physician and be conducted by qualified professionals. EPSDT RN screeners will routinely refer all clients to primary care providers. EPSDT clients ages two (2) weeks to two (2) years shall receive at least one (1) of their periodic or inter-periodic screens annually from a physician or physician extender unless otherwise medically indicated. A parent or guardian may choose to waive this requirement. EPSDT RN screeners will refer clients for further evaluation, diagnosis and treatment to appropriate services; e.g., physician, registered dietitian, developmental evaluation, speech, hearing and vision evaluation, blood lead level evaluation. Efforts shall be made to assure that routine screening will not be duplicated for children receiving routine medical care by a physician.

TN#: 01-001

Approval Date: _____

Supersedes TN: 99-05Effective Date: 2/1/01

ATTACHMENT 3.1A PROGRAM DESCRIPTION**Page 2-a****4.b. EPSDT Rehabilitation Intensive Behavioral Interventions (IBI).**

Intensive Behavioral Interventions are individualized, comprehensive, proven interventions used on a short term, one-to-one basis that produce measurable outcomes which diminish behaviors that interfere with the development and use of language and appropriate social interaction skills or broaden an otherwise severely restricted range of interest. IBI is available only to children birth through age twenty-one (21) who have self-injurious, aggressive, or severely maladaptive behavior and severe deficits in the areas of verbal and non-verbal communication; or social interaction; or leisure and play skills. IBI is available in a developmental disability agency, Idaho public school districts or other public educational agencies. IBI services cannot exceed thirty (30) hours per week in combination with developmental therapy and occupational therapy in a developmental disability agency. IBI services are limited to a three (3) year duration in developmental disability agencies, and Idaho public school districts or other public educational agencies. After three (3) years the expectation is that these clients will be reassessed and transitioned into appropriate services.

A professional qualified to provide or direct the provision of Intensive Behavioral Intervention must have at least a bachelor's degree in psychology, special education, social work, applied behavior analysis, speech and language pathology, occupational therapy, physical therapy, deaf education, elementary education or a related field or be a Licensed Professional Counselor-Private Practice; and have Department approved training and certification which addresses course work, experience, ethical standards, continuing education and demonstrated competencies.

Vision Services. The Department will provide vision screening services according to the recommended guidelines of the AAP. The screen administered will be an age-appropriate vision screen. The guidelines coincide with certain scheduled medical screens, as specified in section 537 of these rules, the vision

TN#: 01-001

Approval Date: _____

Supersedes TN#: 99-05Effective Date: 2/1/01